

"Promoting Better Health"

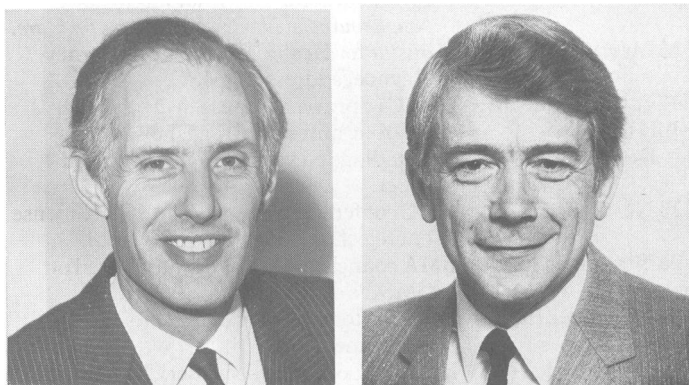
Government emphasises prevention and competition in primary care proposals

After a gestation period that started, in effect, in July 1982 when the government set up an independent review of control of spending of family practitioners a white paper outlining the government's programme for improving primary health care was finally published on 25 November.¹ Titled *Promoting Better Health*, the programme, which will be introduced throughout the United Kingdom, aims to ensure that patients' requirements are met; to raise standards of care; to promote health and prevent illness; to increase competition and give the public a greater choice; to improve value for money; to enable clearer priorities to be set for family practitioner services in relation to the rest of the health service; and to improve service provision in inner cities and other deprived areas.

The 81 page white paper, some immediate proposed legislation—a 17 clause Health and Medicines Bill summarised at page 1499—and a circular to health authorities (HC(87)29) and family practitioner committees (HC(FP)(87)10) on community nursing (p 1499) lay down how the government intends to fulfil these aims.

Greater spending on family doctor services is promised in the white paper, paid for in part by an expected £170 million of extra income from abolishing free dental examinations and eye tests. More preventive medicine and health promotion; greater competition among family doctors, with closer monitoring of their work by family practitioner committees; more information and choice for patients; new contracts to encourage dentists to do NHS work; more health advice by pharmacists; and retirement at 70 for doctors are among a range of promised changes intended to make the family practitioner services more cost effective and responsive to the public's needs. In the proposed changes to general practitioners' contracts to be negotiated with the profession will be a cut in the number of item of service fees—though payment for minor surgery may be introduced—compensated for by payment for achieving locally agreed targets for vaccination, immunisation, and other preventive work.

In a letter to National Health Service general practitioners accompanying a summary of the white paper the Minister for Health, Mr Tony Newton, states that it "is proposed to invest substantial extra resources into those parts of the family practitioner services where they are most needed. . . . The exact amount to be spent on particular aspects of the service will depend on the outcome of negotiations with the professions concerned." He promises to get these negotiations under way as quickly as possible and has already written to Dr Michael Wilson, chairman of the General Medical Services Committee, to arrange an early meeting. In a preliminary statement on the white paper (p 1500) Dr Wilson said that it was



Mr Tony Newton, Minister for Health, who presented the white paper proposals to the House of Commons (left), and the chairman of the GMSC, Dr Michael Wilson.

Main points of government's proposals

New payments to general practitioners to encourage more preventive medicine and greater efficiency.

The abolition—with some exceptions—of free eye testing and dental check ups, with the expected extra annual income of £170 million promised for funding the planned improvements in primary care.

Hospitals will have new powers to raise money for their services.

Compulsory retirement at 70 for general practitioners, the abolition of "24 hour retirement," and the future distribution of family doctors to be more responsive to local medical and social needs.

Cash limits will be introduced on funds for direct reimbursement for ancillary staff and premises, but the ancillary staff scheme will be extended to a wider range of staff and greater allowance will be made in the cost rent scheme for regional variations in property costs.

The General Practice Finance Corporation will be privatised.

Incentives will be introduced to improve inner city practice.

Nurses may be given limited powers to prescribe for patients.

Pharmacists will be given financial incentives to widen their services.

gratifying that "the government has at last responded . . . to the representations we have made to improve primary care and the services we can offer to our patients." He told a press conference that the package was more constructive than had been expected and said that the GMSC would be considering the government's plans at its meeting on 17 December.

Funding of changes

In order to help fund the development the government plans to take powers "so that those who can afford it will in future pay:

"The cost of a private sight test;

"A small charge for their dental examination; and

"Dental charges which will relate more directly to the treatment a patient receives."

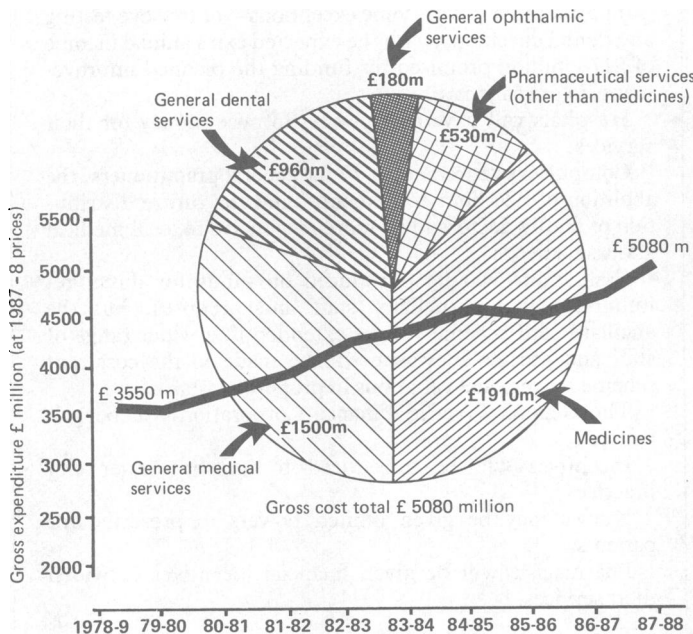
In his statement to the House of Commons Mr Newton said that expenditure on family practitioner services had already risen by £1.5 billion or 43% in real terms since 1978-9 to over £5 billion (p 1498). To achieve the strategic development set out in the white paper, he continued, "will mean giving still greater priority to the services as a whole and we have therefore thought it right also to look carefully at priorities within them. . . . Existing plans already provide for additional expenditure by 1990-1 of some £570 million in real terms. This will be further increased by the substantial extra resources that the government will make available to finance the improvements I have described today. Towards the additional expenditure as a whole, the extra payments which people will make towards dental care and sight testing will contribute some £170 million by 1990-1."

Dr Wilson has warned, however, that the only firm promise of

additional resources appeared to be "at the expense of other health care services, where the general public will have to pay more for their dental and optical treatment."

Service sensitive contracts

Emphasising the importance of team work in primary care, the government promises to make family doctors' contracts "more sensitive to the range of services provided," and as a start wants to raise from 47% to at least 50% the proportion of a doctor's income represented by capitation fees.



Gross expenditure on family practitioner services in the United Kingdom 1978-9 to 1987-8 and gross cost of services 1987-8.

In its drive to improve preventive medicine the government also proposes:

- To pay a fee to encourage doctors to provide a health check and any necessary follow up to patients registering for the first time
- To consider incentives to attain specified target levels of vaccination and immunisation and of screening
- To encourage the continued development of information and communication technology and computerisation in primary care, especially with regard to health promotion and prevention of ill health
- To ask family practitioner committees and district health authorities "to develop the contribution of suitably trained family doctors to health surveillance of the under 5s"
- To consider amendments to doctors' terms of service to clarify their function in providing health promotion and preventing illness
- To alter the remuneration system to encourage doctors to provide regular comprehensive care for their elderly patients.

Tougher criteria for basic practice allowance

The qualifying criteria for receiving the full basic practice allowance are to be increased from the present minimum list size of 1000 patients and minimum average working week of 20 hours. Payment would also depend on doctors doing health promotion and prevention services. Precise changes are to be negotiated with the profession.

With the aim of making the service more responsive to the public's needs the government will:

- Discuss with the profession how to provide more convenient surgery hours for patients
- Require family practitioner committees and health boards to provide more comprehensive information about practices in their areas
- Make medical lists more widely available, encourage practices to provide practice leaflets, and explore the feasibility of producing practice annual reports
- Discuss with the General Medical Council how to reduce the restraints on doctors advertising, subject to proper safeguards for the professional status of the doctors and for the protection of the public
- Enable patients to change their doctor more easily, simplify arrangements for making and handling patients' complaints, and extend the "complaints period" to 13 weeks, and ask the public for its views on locally provided services.

Manpower and training

On manpower and training in general practice the government intends to ask the Medical Practices Committee and its counterparts in Scotland and Northern Ireland to take greater account of local information about medical and social needs in determining the distribution of doctors. It will also:

- Introduce a new allowance for doctors working in areas of deprivation
- End "24 hour retirement," introduce a compulsory retirement age of 70 (with exceptions made where a 70 year old doctor's retirement would adversely affect the continued provision of an

Five year gestation of white paper

July 1982	Government appoints outside consultants (Binder Hamlyn) to study feasibility of applying cash limits to family practitioner services.
Mid-1983	Binder Hamlyn report completed but not published.
April 1984	Government announces preparation of green paper on future of primary health care.
21 April 1986	Government publishes green paper, <i>Primary Health Care: An Agenda for Discussion</i> , and review on community nursing, <i>Neighbourhood Nursing—A Focus for Care</i> .
15 May 1986	Minister for Health, Mr (now Sir) Barney Hayhoe, addresses GMSC.
17 July 1986	GMSC approves response to green paper.
July to December 1986	Ten public ministerial roadshows take soundings on various aspects of green paper.
13 November 1986	LMC conference supports GMSC's response but rejects good practice allowance.
26 November 1986	BMA council approves response based on GMSC's document.
31 December 1986	Last date for receipt of comments to government.
18 February 1987	House of Commons social services select committee responds to green paper.
25 November 1987	Government publishes white paper, <i>Promoting Better Health</i> , and Health and Medicines Bill.

adequate service), and ask family practitioner committees and health boards to plan for replacing retiring doctors

- Start discussions about arranging more opportunities for job sharing and part time working so that more women are encouraged to enter and remain in general practice
- Introduce a new postgraduate education allowance to replace the present postgraduate training and vocational training allowance
- Discuss with the profession measures to alleviate the social and professional isolation of doctors in rural areas.

Cash limits on directly reimbursed expenses

Proposed reforms on practice staffing and premises will include the privatisation of the General Practice Finance Corporation and removal of restrictions on the types and number of staff that the family doctor is encouraged to employ through the direct reimbursement scheme. The government will also extend the existing arrangements for direct reimbursement to cover the training of other types of professional staff. But the provision of additional funds will, however, be accompanied by new arrangements to "cash limit" family practitioner committees' funds for direct reimbursement payments.

The government intends to increase the help available to doctors in improvement grants and under the cost rent scheme, and it will examine the scope for introducing regional variations in cost limits for the cost rent scheme to take account of higher building costs in some parts of the country. There will also be a review of the government's minimum standards for premises.

Pharmacists, dentists, and nurses

A better service for patients and greater value for money for the

public are promised in the chapter on the pharmaceutical services. The white paper highlights the changes that have taken place in the services. Because of the gradual introduction of original pack dispensing pharmacists are seldom called on to make up medicines from ingredients; community pharmacists have a new contract; and the Nuffield report on pharmacy proposed a wider role for pharmacists in the NHS. The government believes that pharmacists can make an important contribution to health promotion, and, as soon as resources permit, it will make funds available to help in providing such material to display in pharmacies.

There will be discussions with the profession about the proposal in the Nuffield report that pharmacists should be able to delegate to appropriately trained assistants some of their responsibilities for dispensing prescriptions so that they could expand their role in advising patients on minor symptoms and on the most flexible approach to the supervision of dispensing.

In the dental services there will be greater emphasis on prevention and the government is proposing to renegotiate the dentists' remuneration scheme "to encourage quality and a greater commitment to the NHS." A compulsory retirement age will also be introduced. Monitoring of the service will be strengthened and the Dental Estimates Board will have new powers "to deal with dentists suspected of providing unnecessary treatment."

On community nursing the government has promised to examine further the legal status, functions, and qualifications for employing nurse practitioners. It will also be looking at ways of giving nurses more freedom to prescribe or supply certain items. The government plans to support the development of training courses for practice nurses, and costs incurred by general practitioners for training practice nurses will in future be eligible for direct reimbursement.

Reference

- 1 Secretaries of State for Social Services, Wales, Northern Ireland, and Scotland. *Promoting better health*. London: HMSO, 1987. (Cmnd 249.)

Health and Medicines Bill

Some of the changes proposed in the white paper will require legislation, and the government has made time in this session of parliament for the Health and Medicines Bill, which is summarised here.

Clauses 1 to 3 of the bill provide for the General Practice Finance Corporation to be reconstituted as a new company outside the public sector. During the transitional period the corporation will have its powers enlarged to enable it, for example, to have greater access to private sector funds.

Clause 4 will enable health authorities to make wider use of available resources in a commercial way to generate income, so long as this is in line with the broad aims of the National Health Service, and will give authorities more freedom in the way they set charges for private patients.

Clause 5 will prevent family doctors from practising once they have reached a certain age—70 is envisaged—subject to negotiations with the profession. It will be possible to make exceptions where retirement would threaten the provision of an adequate service to the public.

Clause 6 abolishes "24 hour retirement."

Clauses 7, 8, and 9 deal with changes in the dental service and allow for the levying of charges for dental examinations except on those currently exempt from charges for dental treatment.

Clauses 10 and 11 modify arrangements for the ophthalmic services, reducing the provision of free NHS sight tests only to children, those on low

incomes, and certain others in priority groups.

Clause 12 enables those providing family practitioner services to be reimbursed for the training costs of any staff they employ. For example, general practitioners will be able to receive reimbursement for the training costs of their practice nurses. The bill also permits payments to be made to general practitioners who provide clinical training for undergraduate medical students.

Clause 13 enables the Secretary of State to set annual cash limits for family practitioner committees and health boards, who will have a duty not to exceed them, for reimbursing certain expenses incurred by those providing family practitioner services.

Community nursing and primary care

District health authorities have been asked to examine their community nursing services in the light of the Department of Health's latest guidance issued at the same time as the white paper on primary care.¹

Neighbourhood Nursing—a Focus for Care (Cumberlege report) was published in England in April 1986 and sent out for consultation.² This said that "nurses are at their most effective when they and general practitioners work together in an active

primary health care team . . . this is the best means of delivering comprehensive care to the consumer."

This view was supported during the government's review of primary care and approved by the House of Commons social services committee. The latter also gave a cautious welcome to the proposal in the Cumberlege report that community nursing should be organised in smaller units based on defined populations.

Last week's circular gives guidance on ways in which the work of primary health care teams could be strengthened by this neighbourhood or locality approach. The department says that the management and delivery of community nursing services at a level that is closer to the customer and more responsive to his or her needs is a welcome trend and in an annex it has set out factors that should be taken into account. These include the resident population and the workload it is likely to generate; the existing pattern and catchment areas of primary health care teams, general practices, and other community and secondary health care services; the pattern of housing and shops; the geographical responsibilities of specialist health staff; and the number and type of voluntary organisations.

The Cumberlege report suggested written agreements between general practitioners and community nurses setting out the team's objectives. The department does not see any advantage in legal or quasilegal documents and thinks that the emphasis should be on "agreement" rather than "written." Nevertheless, it believes that any team is likely to operate more effectively if its members